Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Lifective October 1, 2001									LO()4	<u>کا ک</u>	2 F.	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			180					RATE	FEE] . [RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			i6 minus 20= *		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∠ minus 3 = *					X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				1	+140=	·		+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L			OR		75/0
/L CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	7-90 THAN
	A	(Column 1)	(Column 2) (Column 3)					SMALL I	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	el d	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	./6	Minus	9	0	= /		X\$ 9=		OR	X\$18=	
ME	Independent	. 3	Minus	***	3	=(X42=		OR	X84=	7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=	7	OR	+280=	
							L	TOTAL		OB	TOTAL	(
(Column 1) (Column 2) (Column 3)								DIT. FEE		JO.1	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	. 14	Minus	** 6	40	= /		X\$ 9=		OR	X\$18=	/
ME	Independent	· 3	Minus	*** 2	3	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
A	nelt ?	AC	TOTAL DIT. FEE		OR '	TOTAL ADDIT. FEE						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	. 16	Minus	**	00	= /		X\$ 9=		OR	X\$18=)
	Independent	* 3	Minus	***	3	<u> </u>		X42=		OR	X84=/	
Ü	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (+140=	1		+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR OR	TOTAL ADDIT. FEE	
		mber Previously Pa ber Previously Pa							propriate box			